## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000

or <u>Fax</u> INSTRUCTIONS: This form should be used for transmitting the ISSUB FEB and PUBLICATION FEB (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

021121

7590

01/05/2005

OPPEDAHL AND LARSON LLP **POBOX 5068** 

DILLON, CO 80435-5068

03/18/2005 MGEBREM2 00000033 08935717

01 FC:1501

1400.00 OP



Note: A certificate of mailing can only be used for domestic mailings of the Foo(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Militard to the OBI 10 (103) 110 1000, on 222	
Lori South	(Dopositor's namo
Law South	(Signature
March 18, 2005	(Date
March 107 2003	

FIRST NAMED INVENTOR ATTORNEY DOCKET NO. APPLICATION NO. FILING DATE IMIN,P-014 8965 MICHAEL CATT 08/935,717 09/23/1997

TITLE OF INVENTION: TEST KITS AND DEVICES

		Tool in the		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
APPLN. TYPE	SMALL ENTITY	ISSUE PEE					
nonprovisional	NO	\$1400		\$0	\$1400	04/05/2005	-
EXA	MINER .	ART UNIT		CLASS-SUBCLASS	·		
PORTNER, VI	RGINIA ALLEN	1645		422-056000			
CFR 1.363).  Change of correspon Address form PTO/SB/1	ce address or indication of "F dence address (or Change of 122) attached. ation (or "Fee Address" Indic or more recent) attached. Us	Correspondence of (2)	the nate of agents (2)	nting on the patent front page, himes of up to 3 registered pater OR, alternatively, me of a single firm (having as a attorney or agent) and the named patent attorneys or agents. If name will be printed.	n attorncys  1 Opped  1 member a 2 es of up to	ahl & Larson	LLI
	D RESIDENCE DATA TO E						•
PLEASE NOTE: Unles recordation as set forth i	s an assignee is identified b in 37 CFR 3.11. Completion	clow, no assignee data of this form is NOT a st	will app ubstitute	car on the patent. If an assign for filing an assignment.	ce is identified below, the	document has been filed for	
(A) NAME OF ASSIGN	VEE	(B) RE	ESIDENC	CE: (CITY and STATE OR CO	UNTRY)		
	EDICAL SWITZI c assignce category or category c enclosed:	ries (will not be printed 4b. Pay	don the p		orporation or other private gr	roup entity Government	
<u></u>	small entity discount permitte			by credit card. Form PTO-2038			
	of Copies	· —	•	ector is hereby authorized by count Number		credit any overpayment, to copy of this form).	
a. Applicant claims S	s (from status indicated above SMALL ENTITY status. See on is requested to apply the lss Publication Fee (if required) cords of the United States Pat	e) 37 CFR 1.27. 🔲 1	b. Applic	cant is no longer claiming SMAI  ny) or to re-apply any previousl  c other than the applicant; a regi	LL ENTITY status. See 37 C	CFR 1.27(g)(2).	
Authorized Signature	Marine y	Caro		Date <u>M</u>	arch 18, 200	5	
Typod or printed name _					No. <u>32,038</u>		
Transmitting Til Billio 22515	-1720.			to obtain or rotain a benefit by tellection is estimated to take 12 apon the individual case. Any contain Officer, U.S. Patent and D FORMS TO THIS ADDRESS			· ·
Under the Paperwork Redu	ction Act of 1995, no persons	are required to respond	d to a col	lection of information unless it	displays a valid OMB control	l number.	**